PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

	CLAIMS AS FILED - PART I										·	
-				S FILED - PART I (Column 1) (Column 2)				SMALL ENTITY TYPEO			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS							RATE	FEE		RATE	FEE	
	FOR			NUMBER FILED		NUMBER EXTRA		BASIC FE	E 355.0	00 OR	BASIC FEE	
Ľ	TOTAL CHARGEABLE CLAIMS			minus 20=				X\$ 9=		OR	X\$18=	
11-	DEPENDENT		minus 3 =		•		X40=	1	OR	X80=	 	
	MULTIPLE DEPENDENT CLAIM PF			RESENT		<u> </u>		+135=	1			
•	* If the difference in column 1 is I			zero, enter	"0" in	column 2	_	TOTAL		OR OR	TOTAL	<u> </u>
		CLAIMS AS	AMENDE	MENDED - PART II				TOTAL	<u> </u>	_	OTHER	THAN
r		Terrespondent and the	(Colum		(Column 3)		SMALL	<u> </u>	-	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
	Total Independent	.30	Minus	.3		=		X\$ 9=		OR	X\$18=	
		ENTATION OF M	Minus ULTIPLE DE	PENDENT	CI AIM	= •		X40=		OR	X80=	
		◀ .					1	+135=		OR:	+270=	
		•					Δ1	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
_	(Column 1) (Column 2) (Column 3)							DD11.1 CC		-	NODII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=	٠.	OR	X\$18=	
	Independent	MTATION OF LE	Minus	***		=		X40=		OR	X80=	
	·	ENTATION OF MU	LTIPLE DEI	PENDENT	CLAIM			+135=		1	+270=	
							L	TOTAL		OR OR	TOTAL	
		(Column 1)		' (Colum	n 2)	(Column 3)	AD	DIT. FEE L		JOH A	DDIT. FEEL	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST ER ISLY	PRESENT EXTRA	Γ	RATE	ADDI- FIONAL FEE		RATE	ADDI- TIONAL FEE
Q L	Total		Minus	**		=	;	X\$ 9=		OR	X\$18=	
¥ -	Independent		Minus	***	1	=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=			+270=	
- 11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							TOTAL			TOTAL	
***	me mignestiant	nber Previously Pai ber Previously Paid	d For" IN THIS	S SPACE is le	see than	3 onlar "3 "		OIT. FEE			DIT. FEE 🖳	
			. 3. (. O.a. O	dependent	, 13 tile 11	ignesi number	IOUNG	iii iiie appr	opriate box	in colun	nn 1.	1